

**FORM 3****UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

OMB 3235-  
Number: 0104  
Expires: December 31,  
2014  
Estimated average  
burden hours per  
response... 0.5**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF  
SECURITIES**Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section  
17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the  
Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person * Mona Joseph (Last) (First) (Middle) 808 HAMPTON ST (Street) COLUMBIA, SC 29201 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 11/16/2018	3. Issuer Name <b>and</b> Ticker or Trading Symbol Microbot Medical Inc. [MBOT]
	4. Relationship of Reporting Person (s) to Issuer (Check all applicable) ____ Director ____X____ 10% Owner ____ Officer (give title below) ____ Other (specify below)	5. If Amendment, Date Original Filed(Month/Day/Year)  6. Individual or Joint/Group Filing (Check Applicable Line) _X_ Form filed by One Reporting Person ____ Form filed by More than One Reporting Person
<b>Table I - Non-Derivative Securities Beneficially Owned</b>		
1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)
Microbot Medical Common Stock	300,320	D

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

**Persons who respond to the collection of information contained in this form are not  
required to respond unless the form displays a currently valid OMB control number.****Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

**Reporting Owners**

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Mona Joseph 808 HAMPTON ST COLUMBIA, SC 29201		X		

**Signatures**Joseph Mona  
\_\_\_\_\_  
\*\*Signature of Reporting Person10/18/2019  
\_\_\_\_\_  
Date

## **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, *see* Instruction 5(b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. *See* 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure.

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**FORM 5****UNITED STATES SECURITIES AND EXCHANGE COMMISSION****Washington, D.C. 20549****OMB APPROVAL**

OMB Number: 3235-0362  
 Expires: January 31, 2014  
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 hours per response... 1.0

**ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public  
 Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person * <b>Mona Joseph</b>			2. Issuer Name and Ticker or Trading Symbol <b>Microbot Medical Inc. [MBOT]</b>			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  _____ Director _____X_ 10% Owner _____ Officer (give title below) _____ Other (specify below)			
(Last)	(First)	(Middle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) <b>12/31/2018</b>						
808 HAMPTON ST									
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Reporting (check applicable line)  _X_ Form Filed by One Reporting Person ___ Form Filed by More than One Reporting Person			
COLUMBIA, SC 29201									
(City)	(State)	(Zip)	<b>Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned</b>						
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
					Amount	(A) or (D) Price			
Microbot Medical Common Stock		11/19/2018		P5	2,400	A \$ 2.99	348,971	D	
Microbot Medical Common Stock		11/21/2018		P5	24,873	A \$ 2.21	348,971	D	
Microbot Medical Common Stock		11/21/2018		S5	6,309	A \$ 2.96	348,971	D	
Microbot Medical Common Stock		11/26/2018		P5	37,986	A \$ 1.95	348,971	D	

Reminder: Report on a separate line for each class of securities  
 beneficially owned directly or indirectly.

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SEC 2270 (9-02)

**Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned  
 (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned at End of Issuer's Fiscal Year (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
						(A)	(D)						

**Reporting Owners**

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Mona Joseph 808 HAMPTON ST COLUMBIA, SC 29201		X		

Joseph Mona  
\_\_\_\_\_  
--Signature of Reporting Person

10/18/2019  
\_\_\_\_\_  
Date

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**FORM 5****UNITED STATES SECURITIES AND EXCHANGE COMMISSION****Washington, D.C. 20549****OMB APPROVAL**

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1. Name and Address of Reporting Person * <b>Mona Joseph</b>			2. Issuer Name and Ticker or Trading Symbol <b>Microbot Medical Inc. [MBOT]</b>			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  ___ Director ___X___ 10% Owner ___ Officer (give title below) ___ Other (specify below)			
(Last)	(First)	(Middle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) <b>12/31/2018</b>						
808 HAMPTON ST									
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(City)	(State)	(Zip)	<b>Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned</b>						
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				Amount	(A) or (D)	Price			
Microbot Medical Common Stock	01/08/2019		S	2,269	A	\$ 2.7	0	D	
Microbot Medical Common Stock	01/09/2019		P5	14,280	A	\$ 2.19	0	D	
Microbot Medical Common Stock	01/09/2019		S	2,269	A	\$ 2.7	0	D	
Microbot Medical Common Stock	01/14/2019		S5	281,773	A	\$ 8.16	0	D	

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SEC 2270 (9-02)

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					(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

**Reporting Owners**

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Mona Joseph 808 HAMPTON ST COLUMBIA, SC 29201		X		

Joseph Mona  
Signature of Reporting Person

10/18/2019  
Date

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